

REC'D AUG 11 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25629

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Joplin Primary Registration District No. 2002 Registered No. St. Joseph Hospital  
 (c) City Joplin (d) Street No. St. Joseph Hospital St.  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Richard W. Gass St. 201  
 (Usual place of abode; if no street address, write county & city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 31, 1938</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			22. I HEREBY CERTIFY That I attended deceased from <u>July 15, 1938</u> to <u>July 31, 1938</u> First saw him alive on <u>July 31, 1938</u> Death is said to have occurred on the date stated above, at <u>6:00</u> p.m. The principal cause of death and related causes of importance were as follows: <u>Intestinal Intoxication</u> Other contributory causes of importance: <u>11912</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1928</u>			Date of onset <u>7/1/38</u>
7. AGE YEARS	MONTHS <u>2</u>	DAYS <u>15</u> If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		Name of operation Date of
	9. Industry or business in which work was done, as saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		What test confirmed diagnosis? Was there an autopsy?
	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Joplin, Mo</u>			23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
FATHER	13. NAME <u>Clarence Gass</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole, Mass.</u>		Manner of injury Nature of injury
MOTHER	15. MAIDEN NAME <u>Wileen Meeks</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark.</u>		Was disease or injury in any way related to occupation of deceased? (If so) specify. (Signed) <u>W. H. Gass</u> M. D. (Address) <u>Joplin, Mo</u>
	17. INFORMANT (ADDRESS) <u>Clarence Gass</u>		
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph Hospital</u> DATE <u>8-1-38</u>		
	19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hershel Meeks</u>		
20. FILED <u>8-1-38</u> <u>Ed. J. Gass</u> Local Registrar			

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

mopsy

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**